

# DIVISION OF FISHERIES & WILDLIFE

1 Rabbit Hill Road, Westborough, MA 01581 p: (508) 389-6300 | f: (508) 389-7890

MASS.GOV/MASSWILDLIFE

#### Youth Turkey Hunt - New Participant Registration Form

To be completed by a parent or legal guardian

**Directions:** Submit this completed form to the MassWildlife Hunter Education Program a minimum of **1 week before** the seminar of your choosing is scheduled to begin. Once received, our office will send you an email confirmation.

Postal Ma	il	Fax			
MassWildli	fe	(508) 389-7890			
RE: Youth Turkey Hunt	t Registration				
1 Rabbit Hill F	Road	Email			
Westborough, M.	A 01581 <u>hunte</u>	r.education@mass.g	<u>ov</u>		
Club hosting a seminar the you		club, as listed, on Mass.g	/-16/		
	Select one	club, as listed, on Mass.g	ov/dfw/yath		
Will the youth need a mentor	(from the club) on the day of the hunt?	Yes	□No		
Youth Participant's Name:					
<u></u>	First Name	Last Name			
Date of Birth:	Hunter Education Certificate #	<b>;</b> *:			
		ded before the day of t	he <b>youth</b> <i>hunt</i> .		
	·	,	•		
Address:					
City:	State:	Zip Code:			
Parent/Guardian's Phone Num	nber: ( )				
Parent/Guardian's Email Addre	ess:				
<b>,</b>	Please PF	RINT clearly			
If the participant will be					
If the participant will be <b>15 to 17</b> years of age on	Firearms Identification # (FID):				
the day of the hunt:	MassFishHunt Customer ID#:				
Parent/Guardian's Name (pri	nt):				
Lunderstand and agree that h	by signing this registration form I will fol	low all safety precau	itions as they		
Tanaciotana ana agree that a	are explained to me.	ion an surery precau	iciono do tirey		
Youth part	icipant's signature	Date	e		
Parent/Gu	ardian's signature	Date	e		

Questions? Please call the Hunter Education Program at (508) 389-7820 or visit the online guide at mass.gov/dfw/yath

## Youth Turkey Hunt Program – Participant Survey

To be filled out by the youth

To wha	at de	gree do you th	ink your family,	friends, and/or	peers are suppor	tive of hunting?		
0 \	/ery	Supportive	o Sup	O Supportive O Not supportive		ortive	<ul> <li>Very unsupportive</li> </ul>	
Please i	ndica	ate whether any	of the following a	groups you know l	hunt and, if so, ap <i>Frequency</i>	proximately how o	often they hunt.	
			More than once a year	Once a year	Once every 2 years	Once every 5 years	Never	
lr	nme	ediate Family (parents, siblings)						
		ended Family ncles/aunts, cousins)						
		Friends						
Please	che	ck one for each	n of the following	g questions.				
		ve you ever be						
		Yes, please se	elect how many	times:				
		Once	2 to 3	4 to 6	7 to 15 1	.6 to 24 2	5+ times	
		No						
2.		ve you ever hu	•					
		•	elect how many					
						.6 to 24 2	.5+ times	
Have yo		-	ve you ever harvested a turkey yourself?  Yes  No					
		No						
3.	Но	w interested a	re you in going h	nunting in the fu	ture?			
		Very interest	ed					
		Interested						
		Not very inte	rested					
		Not at all inte	erested					
4.	Но	w likely do you	ı think it is that y	ou will hunt in t	he future?			
		Very likely						
		Likely						
		Not very likel	У					
		Not at all like	ly					
\ <b>\</b> /ha+	if an	vthing would	increase the like	lihood that you	would hunt in th	o futuro?		
viidl,	ıı an	yuning, would	mcrease the like	iiiiood that you	would nunt in tr	ie iuture!		

## **Release and Indemnification Agreement**

### To be completed by a parent or legal guardian

In consideration for, and as ar	inducement to the	Clu	b (club) allowing my
child to participate in the You	: <mark>h Turkey Hunt Program</mark> (program), a	and recognizing that my c	hild's participation
in the program involves the us	e of firearms I,	, parent/leg	al guardian
intending to be legally bound,	hereby, for my child, myself, my heir	s, executors and administ	trators, voluntarily
assume all risks of accident, in	jury or death and release and forever	r discharge the Commonv	vealth of
Massachusetts, acting by and	through the Division of Fisheries and	Wildlife within the Depar	tment of Fish and
Game and its officers, employ	ees and agents (Commonwealth), the	club and their officers, a	gents, employees,
volunteers and assigns (collec-	ively, the parties) of and from any an	id all claims, debts, dema	nds, actions, causes
	d sums of money, accounts, reckonin		• • •
doings, omissions, damages, e	xecutions and liabilities of whatsoeve	er kind and nature, includ	ing but not limited
	onal injury, death or property damage	-	
	claimed before any governmental ag	• •	or may arise as a
result of or in association with	my child's participation in the progra	am.	
-	agree that I shall save the parties ha		•
•	liabilities and costs for any personal		•
_	rectly or indirectly out of or in connection		· ·
•	lunt Program, including but not limite		•
	agree that the club shall at no time be		
	harmless and indemnity agreement	•	•
•	ed in connection with any such injury,	· · · · · · · · · · · · · · · · · · ·	r in defense of any
claim or claims on account the	ereof, including reasonable attorney's	rees.	
Signature:		Date:	
		Date.	
Name (printed):			
Address:	<u>_</u>		
Street	Town	State	Zip Code
Phone Number: (	)		
Email Address Inlease print cla	arlu).		

## **Parent/Legal Guardian Consent Form**

## To be completed by a parent or legal guardian

l,	the	parent/legal guardian of		(child)
desire to have my	y child participate in the <u>Yo</u>	uth Turkey Hunt Program held	d by the	
		Club, and hereby consent to	o my child's particip	ation in the
program and gran	nt the club the uncondition	al right to use my child's name	e, voice and photogra	aphic likeness in
connection with a	articles, press releases and	audio/video productions resul	ting from this event	
In giving my cons	ent for my child to participa	ate in the program, I understa	nd that hunting is a s	sport involving
		rous and cause serious injury a	•	
	•	utmost care during his/her pa		-
	_	idelines and requirements of h	_	
	•	ow the safety instructions give	•	•
		ers. I understand and agree tha		~
•		ir opinion his/her safety or the tauthorized by me shall be pro		•
and events of the	•	t authorized by the shall be pro	esent with my time	during an activities
	, p. 98. a			
Signature:			Date:	
Name (printed):				
Address:				
	Street	Town	State	Zip Code
Phone Number:	(			
Email Address (pl	lease print clearly):			

## **Emergency Medical Authorization Form**

## To be completed by a parent or legal guardian

Address:		
City:	State:	Zip:
Date of Birth:		
Phone: ()	Alternate phone: (_	)
Doctor:	Phone: ()	
Health insurance:	Police	y #:
Residential parent or legal guardian:		_
Mother's name:	Phone:	
Father's name:	Phone:	
Alternate relative or childcare provider:		
Relationship:		
Phone: ()		
Known allergies:		
Last tetanus shot:		
Additional information/ special instructions:		
arent/Guardian Signature:		Date: